

FORM LETTER ON LETTERHEAD

Date

Consumer Name (or legal guardian or parent if a minor)  
Address

RE: HIPAA Complaint Appeal

Dear \_\_\_\_\_:

On \_\_\_\_\_ (date), you filed an appeal of the outcome you received when you filed a complaint related to the use or disclosure of your PHI with this facility. This letter is to inform you of the results of that appeal.

Our appeal investigation has determined that one of the following is an appropriate response (check one):

- |       |                                                                                                         |
|-------|---------------------------------------------------------------------------------------------------------|
| _____ | Facility Privacy Officer determination is accurate.                                                     |
| _____ | Recommend that additional training will take place at the facility level.                               |
| _____ | Department operating regulation(s) will be reviewed for possible changes based upon your complaint.     |
| _____ | A new department operating regulation will be written to address the issue(s) raised by your complaint. |

Thank you for the opportunity to address your appeal. The Department of Mental Health believes this satisfactorily addresses the issue you brought to our attention.

Very truly yours,

Central Office PO or designee  
Address and PO or designee telephone number